



## REQUEST FOR AMENDMENT

### Type of Facility:

☐ Attendant Care Center    ☐ CPA    ☐ Detention Center    ☐ Group Boarding Home    ☐ Maternity Center  
☐ Residential Center    ☐ Secure Care Center    ☐ Secure Residential Treatment Facility

Please complete the following and return to Kansas Department of Health and Environment.

I request an Amendment to my License # \_\_\_\_\_ Current Total Capacity: \_\_\_\_\_ Requested Total Capacity: \_\_\_\_\_

### Current:

### Requested:

Name of Unit/Cottage	Capacity	Sex	Age Range	Name of Unit/Cottage	Capacity	Sex	Age Range

If request is to:[check all that apply] ☐ increase license capacity; ☐ to provide care for younger children [preschool or infants/toddlers]; or ☐ includes adding space or remodeling existing space, I/we have enclosed a copy of the Kansas State Fire Marshal approval of the proposed change. ☐ Yes ☐ No

If request is to increase license capacity or to expand age range or to change the living units, I/we have enclosed a copy of the notification and of the receipt of the required notification to the local school district in accordance with K.A.R. 28-4-269(m). ☐ Yes ☐ No

Describe the reason for the request: [Use a separate page, if needed.]

Name of Facility	License Number	Address	City	Zip	County
Telephone Number	Fax Number	E-mail Address	Date		
Operator		Address	City	Zip	County

MUST BE COMPLETED BY THE LOCAL HEALTH DEPARTMENT CHILD CARE FACILITY SURVEYOR FOR RESIDENTIAL FACILITIES  
Child Care Facility Surveyor Recommendation: Approve: \_\_\_\_\_ Disapprove: \_\_\_\_\_  
Reason(s): \_\_\_\_\_

Signature of CCLR Surveyor \_\_\_\_\_ Date \_\_\_\_\_ County \_\_\_\_\_

KDHE Administrator Response: Approve \_\_\_\_\_ Disapprove \_\_\_\_\_  
Comments: \_\_\_\_\_